

11-11-11

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135

District of Miami

County Registrar No. 398

Town of _____

Local Registrar No. _____

or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Oralia Ayon
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triple or other. No. 5. Legitimate? Yes 6. Date of birth May 13, 1924
Month day year

7. FATHER Full name Francisco Ayon 14. MOTHER Full maiden name Natalia Moreta

8. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state

9. Color or race Mex 16. Color or race Mexican 17. Age at last birthday 21 (Years)

10. Age at last birthday 30 (Years) 18. Birthplace (city or place) Mogale
(State or country) Arizona

11. Occupation Miner 19. Occupation Housewife
Nature of industry Copper Mine

20. Number of children of this mother (a) Born alive and now living 2 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at HP on the date above stated.

Signature Charles E. Drinn (Physician or midwife)
Address Miami Arizona

Given name added from a supplemental report _____ Month, day, year. Filed May 31, 1924 C. E. Drinn Local Registrar.
County Registrar.

Registrar.

615-513-541

RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.